

**MACMURRAY FOUNDATION & ALUMNI ASSOCIATION  
FINANCIAL APPLICATION 2022-2023**

To be completely filled out ONLY by students who are applying for scholarships stating financial need in their eligibility criteria.

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

(Address: City, State, Zip)

Phone Number: \_\_\_\_\_(cell); \_\_\_\_\_(landline)

Email address(es): \_\_\_\_\_

**FAMILY RESIDENCE INFORMATION:** Indicate the people living in your home other than yourself by placing a mark in the space provided.

Father \_\_\_\_\_ Mother \_\_\_\_\_

Stepfather\_\_\_ Stepmother\_\_\_

Older Brother(s)\_\_\_\_\_ How Many? \_\_\_\_\_

Older Sister(s)\_\_\_\_\_ How Many? \_\_\_\_\_

Younger Brother(s)\_\_\_\_\_ How Many? \_\_\_\_\_

Younger Sister(s)\_\_\_\_\_ How Many? \_\_\_\_\_

Other(s) \_\_\_\_\_ How Many? \_\_\_\_\_

Other Relationships:  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HOUSEHOLD FINANCIAL INFORMATION:**

**Name of Household Member:** \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Annual Income for previous year: \$ \_\_\_\_\_

**Name of Household Member:** \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Annual Income for previous year: \$ \_\_\_\_\_

**Other Household member(s):** Identify name, relationship, occupation and gross annual income for each [Attach more pages if needed]: \_\_\_\_\_

\_\_\_\_\_

**Family Checking/Savings:** \$ \_\_\_\_\_

**Other Family Income Sources:** (identify type and amount, i.e., non-resident parent, etc.)

\_\_\_\_\_

Gross Annual Income of other family income sources for previous year:

\$ \_\_\_\_\_

**Other Scholarship or Resource information:** Please provide other pertinent and specific financial information, including: college funds such as College Savings Accounts (including 529, UTMA, UGMA, or Educational IRA's), other scholarships awarded (e.g., Jacksonville Promise, Regent, Presidential, other), family savings and other financial aid.

List all outside grants, scholarships, loans, and other resources that you expect to receive in 2021-2022. (Attach an additional sheet if necessary.)

Include any tuition benefits from your parents' employers, fellowships, awards from corporations, agencies, organizations, etc.)

Name of Scholarship or Resource	Source (Sponsor)	Amount for 2022-2023	Renewable ? Yes or No	Person to Whom Check will be payable
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Total Amount Expected for 2022-2023		\$		
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Standard monthly family expenses \$: \_\_\_\_\_

**Extenuating Circumstances:** In the space below please indicate any extenuating financial circumstances of which the Scholarship Committee should be aware in considering your application, e.g., health or employment concerns, other family members attending college, etc.

**SIGNATURES AND CERTIFICATIONS:**

**I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

**I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Include if the Student is a dependent.)

By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

**Privacy Statement:**

The information provided by the applicant and family is private, will be shared only with the applicant and family, and with the scholarship applicant reviewers for purposes of determining eligibility for a scholarship; it will not be made public, except as may be required by law. If you are awarded a scholarship, this information will be provided to your requested institution and the fact of receiving the scholarship will be made public by the Foundation.